



AGING WITH  
CREATIVITY™

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Clinical Psychologist

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## Non-Medicare Provider Acknowledgment

I understand that in working with Dr. Karen Tanzy / Aging With Creativity, LLC, I will not be paying for services with Medicare monies as she is not a Medicare Provider.

In signing this form, I understand that Medicare will not pay for services I receive from Dr. Tanzy / Aging With Creativity, LLC and that I will be responsible for the entire cost of my care.

I acknowledge that I have been given a private contract describing charges and confirming that I understand I am responsible for the full cost of my care and that Medicare will not reimburse me.

I understand that Dr. Tanzy / Aging With Creativity, LLC will not bill Medicare for the services I receive.

Signed:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Client